

PSJ3

Exhibit 161

To: Dr.J.David.Haddox@pharma.com[Dr.J.David.Haddox@pharma.com]
From: Russell Portenoy MD
Sent: Mon 3/27/2000 12:47:50 PM
Subject: RE: negatives associated with opioid use for noncancer pain -Reply

Dave,

This is extremely helpful. Thanks very much.

Hope all is well.

Russ

>>> "Haddox, Dr. J. David" <Dr.J.David.Haddox@pharma.com> 03/27/00 08:21am >>>
Russ,

Just in for a couple of days from the road and got your message this morning. I am personally very concerned about the way Joel was quoted. I have not talked with him since the story, but it sounded somewhat more negative and less balanced than his views when expressed to me personally at the AAPM meeting a few weeks ago. I was not pleased with the apparent imprecision of the terminology attributed to him in the story in which he was quoted as saying that, at any given time, he had several patients in his inpatient unit who were "heavily dependent" on opioids. Joel and I have discussed addiction, pseudoaddiction and physical dependency on several occasions and I believe he knows the differences, yet the quote attributed to him sounds inflammatory, as opposed to scientifically accurate. All this by way of saying that I would be careful about giving him a bully pulpit until his views are more clearly articulated.

Certainly Joan Romano feels very strongly about this, as she was the sole dissenting vote on the APS board when our Consensus Statement passed. She will, however, probably voice the view that everyone needs a complete psychological evaluation before being placed on opioids. I think that the bias of the UW historical approach, the patient population she sees and the likelihood that she has probably never been involved with a lot of patients who improve on opioids may color her views.

Along those lines, John Loeser comes to mind. He is, as you know, not shy about expressing his opinions and would present them in an articulate manner. I suspect he would be fair, as well.

Hu Rosomoff is another candidate (notice how all my recommendations are neurosurgeons?). He has no reluctance to express strong opinions (must be trained into them!) about the issue.

Sri Vasudevan, William Hammonds (at Emory) and Dan Doleys, PhD in Birmingham also come to mind. Sri is very rehabilitation focused, but does use paltry amounts of opioids in his practice. Bill and worked together at Emory and he also uses them in practice, but denies it publicly. He has even stated that opioids "are evil" in group sessions with the patients in our rehab program. Dan and I worked together for awhile. He is articulate, media savvy, does endorse the use of opioids in his multidisciplinary practice but also is choosy about who gets them. He is, further, articulate about the risks in the wrong population and during the rehab program probably takes as many off as he allows to be put on.

Hope these somewhat random firing of my synapses are useful to you. Let me know if you need contact info on anyone I've suggested, although they are all, I believe, in the APS directory.

jdh

> -----Original Message-----

> From: Russell Portenoy MD [SMTP:RPortenoy@bethisraelny.org]

> Sent: Monday, March 27, 2000 6:31 AM

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> Subject:

>

> Dear Friends,

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> May I ask your advice? It's either my failing synapses or an indication

> of just how far we've come in a decade but I had trouble thinking of

> people who can knowledgeably and forcefully articulate the negatives

> associated with the use of opioid drugs to treat noncancer-related pain.

> I was asked this by a producer who is interested in a balanced treatment

> of the subject for a television program.

>

> Joel Saper had some cautionary things to say about this recently and I am

> considering him. Do any other names come to your minds? I guess it could

> be in the clinical or regulatory community (although I worry that the

> latter person could be set up as uncaring about patients).

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> Thanks very much.

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> Russ

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